



Agricultural Aircraft Insurance Application

Name of Applicant: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Corporate Website: _____
 Email Address: _____

Your present aircraft insurance company: _____ Policy expires: _____

Applicant is: Individual Corporation Partnership LLC Other, explain: _____

List all partners (if a Partnership or a Corporation) or all members (if an LLC).

| Name | Position | Duties | % Owned |
|------|----------|--------|---------|
| | | | % |
| | | | % |
| | | | % |

List name(s) used in any former Aerial Application Business: _____

How long have you conducted Aerial Agricultural Operations? _____

Confirm the Applicant is a current member of the following:

- Your** State Agricultural Aviation Association? Yes No
- Any **other** State Agricultural Aviation Association? Yes No State(s)? _____
- The National Agricultural Aviation Association (NAAA)? Yes No
- Do you and your pilots participate in the NAAA PAASS Program? Yes No
- Last date completed? _____

Airport Information

Do you want Aerial Applicator's Premises Liability Coverage? Yes No Limit: \$ _____

List all locations you own, lease or incidentally operate from:

| Airport Name | Runway Length | Runway Width | Runway Surface |
|--------------|---------------|--------------|----------------|
| | | | |
| | | | |
| | | | |

If more than one airport is listed above, which is your home airport? _____

What is the area of your operation (radius in miles) from the above home airport? _____

List all states in which you operate. If any operations outside the continental United States, please provide details.

Aircraft Physical Damage

Number of aircraft owned, leased or operated by you? _____

Please complete the following Schedule (list all of the aircraft you own, lease, borrow or use).

| FAA N# | Year | Make & Model | Engine Manufacturer | Engine Hours | Airframe Hours | All Risk? | | Deductibles | | Hull Value |
|--------|------|--------------|---------------------|--------------|----------------|--------------------------|--------------------------|-------------|----|------------|
| | | | | | | Yes | No | NIM | IM | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |

GPS units in the aircraft are covered as a part of the aircraft hull value, unless you advise us to **exclude** GPS units.

Are the GPS units to be **excluded** from your coverage? Yes No

Explain aircraft storage: in a fully enclosed, secured hangar, secured T-Hangar, patio hangar, tied out or other?

Aircraft Ownership

If you do not own the aircraft by yourself, please list the names and addresses of co-owners, mortgagees and/or lessors:

| FAA N# | Ownership Status | Name | Address | Lien Amount | Is a BOW required? |
|--------|--|------|---------|-------------|---|
| | <input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor | | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor | | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor | | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor | | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor | | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Aircraft Liability

| FAA N# | Liability Limit of Coverage (Non - chemical) | Chemical Coverage Limit | Chemical Definition |
|--------|--|-------------------------|---|
| | \$ | \$ | <input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC |
| | \$ | \$ | <input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC |
| | \$ | \$ | <input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC |
| | \$ | \$ | <input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC |
| | \$ | \$ | <input type="checkbox"/> XC <input type="checkbox"/> RC <input type="checkbox"/> CC |

Please complete the following regarding **optional coverages**.

- Do you want Crops Being Treated and Adjacent Fields? Yes No
 Do you want Property Owner Grower as Insured (FOG)? Yes No

Pilot Information

NEW SUBMISSION, please have each pilot (full or part time) complete the USAIG Agricultural Pilot Record Form, which can be found on our website at: www.usaig.com

USAIG RENEWAL, please list all pilots (full or part time). All pilots must have a current FAA Commercial Pilot Certificate.

| Pilot Name | Age | Date of Last Completion | | | Total Agricultural Hours | | | |
|------------|-----|-------------------------|---------------|------------|--------------------------|------------|----------------------|-----------------------------|
| | | Medical | Flight Review | NAAA PAASS | All Ag Aircraft | Ag Turbine | Insured Make & Model | Make & Model Past 12 Months |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Additional Information

- Has any insurance market cancelled, declined or refused to renew any aviation insurance? Yes No
 Have you or your pilots (full or part time) had any aircraft hull or liability losses/claims? Yes No
 Have you or your pilots (full or part time) ever been cited and/or fined for any alleged violation of any Federal, State, County Plant Board or Agricultural Board law or regulation? Yes No
 Have you, your pilots or ground personnel (full or part time) filed any Worker's Compensation claims? Yes No
 Do you sell, distribute or provide any chemicals? Yes No
 Do you use Picloram? Yes No
(If you should need the Picloram exclusion removed, underwriting details will be needed.)
 Do you use Glyphosate (Round up, Round up Ultra, Rodeo) in any form? Yes No
 Do you use Paraquate (Gramoxone)? Yes No

- Do you use hormone herbicides? Yes No
- Do you do any aerial application for mosquito control? Yes No
(If you do any aerial application for mosquito control, underwriting details will be needed.)
- Do you do any aerial application over any city, town, village or residential area? Yes No
(If you should need the city, town, village or residential area exclusion removed, underwriting details will be needed.)
- Do you do any aerial application for controlled/prescribed burning? Yes No
- Do you do any aerial application for fire suppression or fire spotting? Yes No

Please list all chemicals that you use:

Aircraft Maintenance is provided by: _____

Contracts – Has Applicant entered into any written agreements assuming the liability of others, such as hangaring or storage agreement, maintenance agreement, engine lease, aircraft lease, etc.? Yes No

Please furnish copies of all contracts.

Use this space for explaining “Yes” answers to previous questions.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an **INTENTIONAL MISSTATEMENT** that is **MATERIAL TO THE RISK** MAY BE found guilty of insurance fraud by a court of law. In order for an insurer to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on the part of the insured, the insurer must show that the misinformation is material to the content of the contract, that the insurer relied upon the misinformation *and* that the information was either material to the risk assumed by the insurer *or* that the misinformation was provided fraudulently.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for a payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

Name of Broker: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Agency License Number in State of Policyholder's Address: _____

Individual Producer Name: _____

Individual Producer License Number in State of Policyholder's Address: _____

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until United States Aviation Underwriters, Incorporated (Managers of the USAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by United States Aviation Underwriters, Incorporated, the full amount of premium becomes due and payable immediately. I/We authorize United States Aviation Underwriters, Incorporated to investigate all or any qualifications or statements contained herein.

Date: _____ Signature of Applicant: _____

